

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19022

FILED MAY 29 1943

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1236

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3254 Coles Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Raymond Kennedy
3. (b) If veteran, name war. ? 3. (c) Social Security No. ?

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Eva Kennedy 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Dec 16 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 9 hr. min.

9. Birthplace Carlyle Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Agent

11. Industry or business

12. Name George Kennedy
13. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Rogers
15. Birthplace Louisiana Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Kennedy

(b) Address 3254 Coles Overland Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Carlyle Illinois

18. (a) Signature of funeral director Optimum Funeral Home

(b) Address 9222 Larchland Overland Mo

19. MAY 26 1943 (Date received local registrar) (c) R. McKeown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from 4-3-43
19 to 5-25-43 19

that I last saw him alive on 5-25-43 19
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration 3 DAYS

Due to Diabetes mellitus 10 YRS

Due to Fracture of right femur 6 WKS

Other conditions Generalized arteriosclerosis 10 YRS

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 61

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-1-43

(c) Where did injury occur? Overland Pl. Mo. Hwy.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home (Specify type of place)

While at work? no (e) Means of injury fell

23. Signature Robert A. Hall (M. D. or other) M.D.

Address ST. LOUIS COUNTY HOSP. Date signed 5-25-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. C. Ottmann*

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.